

Business Customer/ Account Opening Form



BSB Customer Number Date
Suffix(s)

When you open your business account with us, we must collect information about your business as required by law. Please complete the sections below that are relevant to your organisation. If more than one organisation type is applicable i.e. company as trustee for a trust, please complete the Company and Trust sections.

Section 1 - Organisation Details (must be completed by all organisations)

Section 2 - Company

Section 3 - Trusts/Superannuation Fund

Section 4 - Partnership

Section 5 - Associations/Co-Operative

Section 6 - Government Body (Not relevant to Delphi Bank)

Section 7 - Beneficial Owner/Control

Section 8 - Signatories/Persons Authorised to sign on account (must be completed by all organisations)

Section 9 - Foreign Applicants

Section 1. Organisation Details (must be completed by all organisations)

- Australian Company Foreign Company (Registered with ASIC) Foreign Company (NOT Registered with ASIC)
 Partnership Incorporated Association Trust / Superannuation Fund Sole Trader
 Co-operative Unincorporated Association Individual T/As (Registered Business Name or Franchise)

Full Legal Name of the Organisation

Business Trading Name (if any) of the Organisation

ABN ACN/ARBN Unique Identifying Number (if incorporated association or registered co-operative)

Industry (i.e. primary business activity) ANZSIC Code

Registered Office Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Principal Place of Business (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Postal Address Same as Registered Office Address Same as Principal Place of Business Other (complete below)

Street

Suburb State Postcode Country

Primary Contact Name Primary Number

Primary Contact Email

If this application is for a Term Deposit, Cash Management Account or Managed Fund Account then please provide the source of funds for this investment (select all applicable options)

- Gift Working Capital Accumulated Surplus Investments - rollover/sale
 Shareholder Reserve Legal Settlement Sale of Property Inheritance
 Prize Money Redundancy Payment Superannuation Payout

Other (please specify)

If Term Deposit complete the Fixed Term Deposit Account Application form. (DB027)

Section 2. Company

Company Structure

Proprietary/Private Public (domestic listed company) Majority owned subsidiary of a domestic listed company

Public Unlisted Company

Other (please specify)

Number of Directors

For **Proprietary** or **Private** companies only, provide details of each director

Director 1 - Full Legal Name

Date of Birth

Director 2 - Full Legal Name

Date of Birth

Director 3 - Full Legal Name

Date of Birth

Director 4 - Full Legal Name

Date of Birth

If there are more than four Directors, please attach additional page(s)

Is the company regulated*?

 No Yes

* A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'regulated' means subject to supervision beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL holders); Australian Credit Licensees (ACL holders); and Registrable Superannuation Entity (RSE) Licensees.

If Yes - please specify Regulator Name

Licence Details (e.g. AFSL Number)

If the company is a public listed company, a majority owned subsidiary of a public listed company or a regulated* company, go to Section 8 otherwise complete sections below.

Section 2.1 Company Ownership (only required for proprietary, private and public unlisted companies)

Please provide details of all individuals who own through one or more shareholdings (direct or indirect) 25% or more of the issued capital of the company.

Tick this box if no individual owns 25% or more of the issued capital of the company and complete section 2.2

Shareholder 1 - Full Legal Name

% shareholding

Shareholder 2 - Full Legal Name

% shareholding

Shareholder 3 - Full Legal Name

% shareholding

Shareholder 4 - Full Legal Name

% shareholding

Each shareholder listed who owns 25% or more of the issued capital must complete Section 7 (Beneficial Ownership) and provide individual identification documents.

Section 2.2 Entity Control (only required for proprietary, private and public unlisted companies)

This section is only required if the ownership details in previous section cannot be determined. Each individual listed below (in part a or b) must complete Section 7 (Beneficial Ownership & Control) and provide individual identification documents.

a) Please provide details of all individuals who control 25% or more of the voting rights, including power of veto.

Individual 1 - Full Legal Name

% voting rights

Individual 2 - Full Legal Name

% voting rights

If there are more than two individuals who control 25% or more of the voting rights, please attach additional page(s).

If unable to complete part a) above then complete part b) below:

b) Please provide details of the Senior Managing Official(s) - the 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller).

Officer 1 - Full Legal Name

Position Title

Officer 2 - Full Legal Name

Position Title

If there are more than two Senior Managing Officials, please attach additional page(s).

Section 2.3 Additional information for Foreign Company

Name of Country where company was formed, incorporated or registered

Name of foreign registration authority

Foreign registration number

Please complete the following section only for foreign companies registered in Australia

Local Agent: Full legal name of individual or company name

Residential address, of local agent of company registered (PO Box not acceptable)

Street

Suburb State Postcode Country

Section 3. Trust

Type of Trust - Please tick applicable

- Individual OR Family Regulated Trust (Superfund / SMSF) Registered Managed Investment Scheme
 Government Superannuation Fund Other (please specify)

Country where Trust was established

Settlor of Trust:

(Not required for regulated trusts, registered managed investment schemes and government superannuation funds or if initial sum to establish the trust was less than \$10,000).

The 'settlor' is the person/entity who established the trust by contributing the initial assets or amount, often called the 'settled sum'.

Full Legal Name (given name, middle name(s), family name) or Registered Business Name) :

Section 3.1 Trustee Details

Provide details of all trustee/s of the trust. If the Trustee is a company please complete section 2 - Company Details.

Individual Trustee 1 - Full Legal Name

Customer Number

Date of Birth

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Individual Trustee 2 - Full Legal Name

Customer Number

Date of Birth

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Individual Trustee 3 - Full Legal Name

Customer Number

Date of Birth

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Individual Trustee 4 - Full Legal Name

Customer Number

Date of Birth

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Section 3.2 Beneficiary Information

(Except for a trust that is registered and subject to Australian regulatory oversight) e.g. Self Managed Super Funds.

Beneficiary 1 - Full Legal Name or Organisation Name

Beneficiary 2 - Full Legal Name or Organisation Name

Beneficiary 3 - Full Legal Name or Organisation Name

Beneficiary 4 - Full Legal Name or Organisation Name

Class(es) of Beneficiaries: If the terms of the Trust identify beneficiaries by reference to membership of a class then provide details (e.g. unit holders, family members of named person, charitable organisations/causes).

If there are more than four Beneficiaries in the above sections, please attach additional page(s).

Section 4. Partnership

Is the partnership a member of a professional association (i.e. law society)

Yes - please specify

No Country in which partnership was established

Section 4.1 Ownership Details

All partners (individual and non-individual) must complete the details below and at least one partner must provide identification documents.

If the Partner is a company please complete Section 2 - Company Details.

Partner 1 - Full Legal Name (given name, middle name(s), family name)

% ownership

Partner 2 - Full Legal Name (given name, middle name(s), family name)

% ownership

Partner 3 - Full Legal Name (given name, middle name(s), family name)

% ownership

Partner 4 - Full Legal Name (given name, middle name(s), family name)

% ownership

If there are more than four Partners, please attach additional page(s).

All Partners listed above must complete Section 8.

Section 4.2 Entity Control Details

If no partner holds 25% or more of the partnership as detailed in previous section then:

Provide the details of the Senior Managing Official(s) – the 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller).

Officer 1 - Full Legal Name (given name, middle name(s), family name)

Position Title

Officer 2 - Full Legal Name (given name, middle name(s), family name)

Position Title

If there are more than two Senior Managing Officials please attach additional page(s).

The Senior Managing Official(s) must complete Section 7 (Beneficial Ownership) and provide individual identification documents.

Section 5. Association/Co-Operative

Chairman or equivalent	Given Name <input type="text"/>	Middle Name <input type="text"/>	Family Name <input type="text"/>
Vice Chair or equivalent	Given Name <input type="text"/>	Middle Name <input type="text"/>	Family Name <input type="text"/>
Secretary or equivalent	Given Name <input type="text"/>	Middle Name <input type="text"/>	Family Name <input type="text"/>
Treasurer or equivalent	Given Name <input type="text"/>	Middle Name <input type="text"/>	Family Name <input type="text"/>

At least one person (Chairman, Secretary or Treasurer) must complete Section 7 and complete individual customer identification requirements.

Section 5.1 Entity Control Details

(a) Provide the details of each individual who directly or indirectly controls the organisation, including those entitled to 25% or more of assets upon termination, voting rights of 25% or more or power to veto.

Individual 1 - Full Legal Name (given name, middle name(s), family name) <input type="text"/>	% of voting rights <input type="text"/>
Individual 2 - Full Legal Name (given name, middle name(s), family name) <input type="text"/>	% of voting rights <input type="text"/>
Individual 3 - Full Legal Name (given name, middle name(s), family name) <input type="text"/>	% of voting rights <input type="text"/>
Individual 4 - Full Legal Name (given name, middle name(s), family name) <input type="text"/>	% of voting rights <input type="text"/>

If unable to complete part (a) above then complete part (b) below.

(b) This section is only required if the entity control details in the above section cannot be determined. Provide details of the Senior Managing Official(s) who make decision affecting a substantial part of the business (e.g. Chairman, Secretary or Treasurer).

Officer 1 - Full Legal Name (given name, middle name(s), family name) <input type="text"/>	Position Title <input type="text"/>
Officer 2 - Full Legal Name (given name, middle name(s), family name) <input type="text"/>	Position Title <input type="text"/>
Officer 3 - Full Legal Name (given name, middle name(s), family name) <input type="text"/>	Position Title <input type="text"/>
Officer 4 - Full Legal Name (given name, middle name(s), family name) <input type="text"/>	Position Title <input type="text"/>

If there are more than four Senior Managing Officials, please attach additional page(s).

Each Individual listed above must complete Section 7 (Beneficial Ownership) and provide individual identification documents.

Section 6. Government Body

Not relevant for Delphi Bank.

Section 7. Beneficial Ownership or Control

Individual 1 - (Beneficial Ownership or Control)

Customer Number (If Applicable)

New Existing (Must have an active account and valid ID)

Full Legal Name (given name, middle name(s), family name)

Date of Birth

Mr/Mrs/Miss/Ms

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Individual 2 - (Beneficial Ownership or Control)

Customer Number (If Applicable)

New Existing (Must have an active account and valid ID)

Full Legal Name (given name, middle name(s), family name)

Date of Birth

Mr/Mrs/Miss/Ms

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Individual 3 - (Beneficial Ownership or Control)

Customer Number (If Applicable)

New Existing (Must have an active account and valid ID)

Full Legal Name (given name, middle name(s), family name)

Date of Birth

Mr/Mrs/Miss/Ms

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Individual 4 - (Beneficial Ownership or Control)

Customer Number (If Applicable)

New Existing (Must have an active account and valid ID)

Full Legal Name (given name, middle name(s), family name)

Date of Birth

Mr/Mrs/Miss/Ms

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Each person listed must provide individual identification documents.

Does the beneficial owner reside in Greece/Cyprus? Yes (please complete (DB048)) No

If there are more than four Beneficial Owners/Controls please attach additional page(s).

Section 8. Signatories/Persons Authorised to sign on account (must be completed by all organisations)

Applicant 1 - Individual Details (Sole Trader/Signatory/Director/Power of Attorney/Controlling Person etc)

Customer Number

New Existing

Full Legal Name (given name, middle name(s), family name)

Mr/Mrs/Miss/Ms

Date of Birth

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Mobile Phone Number Home Phone Number

Email Specific Occupation

Unique ID word

You must provide individual identification documents.

Does any applicant reside in an "Additional Know Your Customer Country?"

Yes (please complete Foreign Applicants section on the next page) No

Does the applicant reside in Greece/Cyprus? Yes (please complete (DB048)) No

Applicant 2 - Individual Details (Sole Trader/Signatory/Director/Power of Attorney/Controlling Person etc)

Customer Number

New Existing

Full Legal Name (given name, middle name(s), family name)

Mr/Mrs/Miss/Ms

Date of Birth

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Mobile Phone Number Home Phone Number

Email Specific Occupation

Unique ID word

You must provide individual identification documents.

Does any applicant reside in an "Additional Know Your Customer Country?"

Yes (please complete Foreign Applicants section on the next page) No

Does the applicant reside in Greece/Cyprus? Yes (please complete (DB048)) No

Section 8. Signatories/Persons Authorised to sign on account (must be completed by all organisations)

Applicant 3 - Individual Details (Sole Trader/Signatory/Director/Power of Attorney/Controlling Person etc)

Customer Number

New Existing

Full Legal Name (given name, middle name(s), family name)

Date of Birth

Mr/Mrs/Miss/Ms

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Mobile Phone Number

Home Phone Number

Email

Specific Occupation

Unique ID word

You must provide individual identification documents.

Does any applicant reside in an "Additional Know Your Customer Country?"

Yes (please complete Foreign Applicants section on the next page)

No

Does the applicant reside in Greece/Cyprus?

Yes (please complete (DB048))

No

Applicant 4 - Individual Details (Sole Trader/Signatory/Director/Power of Attorney/Controlling Person etc)

Customer Number

New Existing

Full Legal Name (given name, middle name(s), family name)

Date of Birth

Mr/Mrs/Miss/Ms

Full Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Mobile Phone Number

Home Phone Number

Email

Specific Occupation

Unique ID word

You must provide individual identification documents.

Does any applicant reside in an "Additional Know Your Customer Country?"

Yes (please complete Foreign Applicants section on the next page)

No

Does the applicant reside in Greece/Cyprus?

Yes (please complete (DB048))

No

If there are more than four Signatories please attach additional page(s).

Section 9. Foreign Applicants

If Yes, complete the following fields.

Applicant Name

Occupation

Country of Citizenship

Reason for opening an account in Australia

Salary Range

\$0 - \$30,000 \$31,001 - \$50,000 \$50,001 - \$100,000 \$100,001 +

If there is more than one Foreign Applicant, please attach additional page(s).

Foreign Accounts Tax Compliance Act (FATCA)

If you answer YES to any of the below questions please complete the Foreign Tax Details Form DB740

Are any applicants Citizens or Residents of the US for Tax purposes? Yes No

Is the Entity/s created in the US, established under the laws of the US or a US taxpayer? Yes No

Are any controlling persons of an Entity Citizens or Residents of the US for Tax purposes? Yes No

Is the Entity/s a Financial Institution? Yes No

A controlling person can be Shareholders (for Companies), Trustees, Beneficiaries and/or Settlers (for Trusts) or Partners (for Partnerships).

Common Reporting Standard (CRS) - (completion of all questions is mandatory)

If you answer YES to any of the below questions please complete the Foreign Tax Details Form DB740

Are any individual applicants residents of any country other than Australia or US? Yes No

Is the Entity created in any country other than Australia or the US? Yes No

Is the Entity Account Holder a Passive Non-Financial Entity? Yes No

Privacy Disclosure

1. Collection of your personal information

We, Delphi Bank, collect your personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to us or our related entities. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you provide incomplete or incorrect information we may be unable to provide you with the product or service you are applying for.

2. Collection of personal information about third parties

We may need to collect personal information about a third party from you as part of this application. If we do this, you agree you will advise that person that we have collected their information, and that in most cases they can access and seek correction of the information we hold about them.

3. Use and disclosure of your personal information

We may use your personal information to perform our business functions (for example internal audit, operational risk, product development and planning). We may also use your personal information to confirm your details (for example contacting your employer to confirm your employment and income details). We treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include joint account holders, account operators and account applicants, insurers, intermediaries and government authorities. Your information may also be disclosed to our related entities, our joint venture partners and Community Bank® companies where its confidentiality is maintained at all times.

4. Disclosure of personal information to overseas organisations

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

5. Access to and correction of your personal information

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1300 660 550.

6. Direct marketing

We may use your personal information to inform you about financial products and services that are related to those you have with us or other products and services we think you may be interested in. These may be products and services provided by us, our related entities or other entities we are associated with.

If you do not wish to receive any marketing material from us you can mark the box below or contact us on 1300 660 550.

I do not wish to receive marketing material from Delphi Bank.

7. Privacy Policy

You should also read our Privacy Policy. Our Privacy Policy contains information about:

- how you can access and seek correction of your personal information;
- how you can complain about a breach of the privacy laws by us and how we will deal with a complaint;
- if we disclose personal information to overseas entities, and where practicable, which countries those recipients are located in. Our Privacy Policy is available on our website www.delphibank.com.au or by telephoning 1300 660 550.

Personal Declaration and Account Signing Instructions

I/We confirm that all details provided in this application by me/us are true and correct. I/We also acknowledge that upon signing this declaration I/ we agree to abide by the relevant Terms and Conditions and accept full responsibility for transactions conducted on my/our account by me/us and additional cardholders nominated by me/us. If additional cardholders have been nominated by me/us, I/we authorise and instruct Delphi Bank to pay and honour all transactions on my/our account conducted by them. Authorisations for additional cardholders to transact on my/our account are to remain in force until revoked by me/us.

I/We confirm that I/We have read and agree to the Privacy Disclosure in this application.

I/we acknowledge that where accounts are in joint names, the money in the account/s is owned jointly by us and withdrawals from the account/s can be signed by either one of us OR as specified.

Account Name

Account Number(s)

Account Type

Please tick applicable One to Sign Two to Sign

Applicant (1) Full Name

Applicant Signature

Date

Applicant (2) Full Name

Applicant Signature

Date

Applicant (3) Full Name

Applicant Signature

Date

Applicant (4) Full Name

Applicant Signature

Date

Facilities Required

Please complete applicable form as required

Eureka Debit Card/Visa Card Delphi Internet Banking (DB020) Cheque Book Term Deposit (DB027)

Deposit Book

Other Facility

Checklist

- Terms and Conditions Parts A and B given
- Foreign Currency Product Disclosure Statement provided
- Original ID sighted, verified and legible photocopy taken and attached
- Unique Identification word entered (CIM)
- FACTA/CRS loaded

Please tick Entity Structure Simple OR Complex

I declare that I have sighted the original identification documents and that the customer(s) is a reasonable likeness to the photographic identification documents provided. I have photocopied the identification documents and printed my full name, date and signature.

Staff Name

ADM

Date

Signature